

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance

CITY OF CAMBRIDGE ELECTION COMMISSION

Date

Spiral Company	29	Olinte of Campa		
amourenits				2008 FEB -4 P 4: 34
e with: y or Town Clerk or Ele		se print or type all is	nformation, except signs	
Fill in dates: Reporting Period	Beginning O		Bod Ending	Month Date Year 1 - 30 - 2008
Type of report: ☐8th day preced		h day preceding elec	tion □30 day after el	ection Dyear-end report dissolutio
Camb.	Office Sought and District Stis St. O Residential Address OF 491	olicable)	Kate Name o LOS EUSTI	Committee Name Committee Name Committee Treasurer Starton Address Tel. No. (optional)
Li Li Li Li Li	ne 1: Ending bal ne 2: Total recei ne 3: Subtotal (ii ne 4: Total expe ine 5: Ending bal ne 6: Total in-kin ne 7: Total (all) o ne 8: Name of ba	pts this period ne 1 plus line 2) nditures this p lance (line 3 minu d contributions outstanding liab	d (page 2, line 11) period (page 3, line 1) s line 4) this period (page 4)	s 2629 s N/A s N/A
finance activity inch	examined this report including uding all contributions, loans, it tivity of all persons acting under the contributions are the contr	rocipta, expenditures, disb or the authority or on behal Signed under the	ursements, in-kind contribution	e and belief, a true and complete statement of all camp ns and liabilities for this reporting period and represents nce with the requirements of M.G.L. c. 55. Date E MUST SIGN BELOW)
Candidate with	all persons acting under the aut	attached schedules and it thority or on behalf of this	is, to the best of my knowledge committee in accordance with	e and belief, a true and complete statement of all camp the requirements of M.G.L. c. 55. I have not received

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only liemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more	
2 30 08	William B. Cunningham Wewtowne C+ #146 02139	200	60	press operator Semper International 205 Portland St. Boston	
-	MI Oxfes St 02146	100	0.6	social worker	
	Angelica Harter 16 Arlington St. Camb. 62146	200	00	retired 3/25/08	
111	Jally Lesser 115 Lexington Ave 02138	150	0.0	business owner	
	Jim Nelson 108 Pinest Camb. 02139	100	00	consultant	
	Donna Trecce 757 Beytsteintz Chesturt Hill - MA 024 47	100	6.6	teacher	
	Rİ				
The Control of the Co	Total receipts in excess of \$50 (or listed above)	850	00		
Line 10:	Total receipts \$50 and under* (not listed above)				
Line 11:	TOTAL RECEIPTS IN THE PERIOD	850	00	Enter on page 1, line 2	

[•] If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
0/26/07	Fort Point Station	Basten, MA	Postage	210	06
1/29/07	Fort Point Station	ti .	N.	796	40
1/5/07	iparty	SESSO MISTICVALLEY RKMY Mellind orlss	Balloons	171	72
11/5/07	Kate Murphy.	Camprish Stown	campaign organizer	550	00
11/5/07	McKKn Lynch.	CEWAY JEMA 02140	campaign organizer	1050	E0
11 7 67	Olympia Spils	190 Hichile Brown - DKMY Com. 02135	Combito Forces	445	Co.
11/6/67	Passage to India	1960 Mass Are ambridge 02140	Food	80	68
11/4/07	Pemberton Market	1 2 20 00 - 12	Food	131	61
10/2507	. Piro Printing		Britishes / Leaflets.	1325	00
11/2/67	Shaws	amb	Food & Wink	55	09
14/67	Ster Market	Camb.	Food & Dank	50	35
12 %					
					-
		Line 12:	Expenditures over \$50	4416	83
			Expenditures \$50 and under*	214	15
	Enter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	14 600) 00

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
9				
				i:
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	NA

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			27	
Enter on pa	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		NIA

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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